

APPLICATION INSTRUCTIONS

FOR

2015/2016

CRITICAL ASSISTANCE (CA) PROGRAM

**STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DIVISION OF HOUSING
BUREAU OF SUPPORTIVE HOUSING**

FEBRUARY 2015



CRITICAL ASSISTANCE APPLICATION INSTRUCTIONS

SUBMITTAL INSTRUCTIONS

Applications for a grant under the Critical Assistance Program (CA) must follow the format prescribed below. **One applicant will be awarded CA funds, and it is expected that the applicant will fund homeless prevention activities for persons, at or below 80% of County Median Income (CMI), in those parts of the state that are not served using HUD Emergency Solutions Grant or State funded Homeless Prevention funds for eligible beneficiaries.**

Please number all pages of your completed application consecutively, including all appendices.

An original and one copy of the complete application must be postmarked or received by Thursday, April 2, 2015. Applications, which are not properly completed and/or not received, postmarked, or identified by a commercial carrier processing date on or before Thursday, April 2, 2015, will be returned to the sender without further consideration. Hand delivered applications must be received at the Division of Housing by 4:00 p.m. on Thursday, April 2, 2015. Once submitted, applications are considered final.

Please submit the application to:

Critical Assistance Program Manager
Division of Housing
Wisconsin Division of Administration
101 E. Wilson Street
P. O. Box 7970
Madison, WI 53707-7970

For questions regarding CA contact: Padraic Durkin
Email: padraic.durkin@wisconsin.gov
Phone: (608) 267-2737

TITLE PAGE

The following items must be included for an application to be considered for funding:

- The applicant name
- The mailing address of the fiscal agent office (if more than one office)
- The street address of main office/fiscal agent
- FEIN number. Please provide the email address for the person at the agency designated to receive announcements/information pertaining to grants.
- Contact: Provide the name, telephone number, and email of the person who prepared the application, and can answer questions related to the information contained in the application.

SUBMITTAL AUTHORIZATION

An official authorized to sign for the applicant must execute the submittal authorization. Only ORIGINAL signatures will be accepted, not photocopies.

Officials authorized to sign include: President of the Board of Directors of non-profit organization, chief elected official of a local unit of government, or CEO/President of organization for for-profit organizations.

Total funds requested: Include the total of administrative and rental and mortgage assistance funds requested in this CA application. **\$282,800 is available for CA activities for July 1, 2015 through June 30, 2016.**

Proposal Time Span: It is expected that the contract will begin July 1, 2015. The contract will be for CA activities for one year with the potential of adding additional CA funds for the second year.

TABLE OF CONTENTS

Prepare a table of contents with page numbers noted for each section and for each appendix. Please number all pages consecutively.

SECTION A: COOPERATIVE APPLICATION

Complete only if more than one agency will be responsible for disbursing funds and providing assistance under this proposal. **A single lead fiscal agent and direct grantee who will be responsible for overall administration of grant funds must be designated.**

SECTION B: ACTIVITY BUDGET SUMMARY

Complete the form by identifying:

- The amount of CA funding requested for each activity proposed in this application. Please note that administrative funds are separate—do not include in the housing assistance line;
- The number of households to be assisted broken out by income level;
- Indicate the total amount of housing assistance being requested;
- Indicate the total amount of administration funding being requested: The amount of the grant available for administration is limited to 15% maximum of the CA amount of housing assistance requested.

SECTION C: ADMINISTRATIVE BUDGET

1. List and describe any contractual services that will be paid with administrative funds (e.g., consultant, legal, audit).
2. Describe housing counseling/support services being provided to program beneficiaries:
 - Describe the services to be provided, the persons who will perform the services and areas to be covered by counseling/education (pre-purchase, budgeting, post-purchase).

- Describe any other support services that will be provided to program beneficiaries.

SECTION D: OTHER RESOURCES

The resources listed must be directly related to the CA contract activities. The chart must be completed showing the housing activity that the funds support (homeowner or renter assistance), use of the funds (security deposit, foreclosure prevention, rent subsidy), the amount committed, the source of the funding, the page(s) in the narrative where the use of the funding is discussed, and the appendix page where the funding commitment is documented.

Sources of **CA leverage** include, but are not limited to:

- Local project funds,
- Agency administrative support,
- Housing related in-kind support services,
- United Way,
- State Emergency Assistance funds

Commitment letters must include the following information:

- ◆ Time period during which the funds will be available to the applicant.
- ◆ The specific dollar amount being committed.
- ◆ What the funds may be used for and what CA activity the funds support.
- ◆ Signature of person who is authorized to commit funds on behalf of the source.
- ◆ Typed on letterhead, include name and telephone number of person making the commitment.

For local units of government committing their funds, a resolution containing the availability, dollar amount, and use of funds is acceptable.

For applicants committing their agency funding, a letter signed by the individual signing the application stating the time period the funds will be available, the dollar amount, and the use of the funds is acceptable.

Commitments of volunteer labor and/or services must indicate the type of service, the housing activity being supported, the amount and cost of volunteer time/services, and the time period during which the services are available. If a value greater than \$10.00/hour is used to calculate volunteer time, provide justification of the higher rate. Professional services may be valued at the rate usually charged by that service provider.

Letters from organizations/individuals providing donations that will be used for housing activities must include a list of the items donated, estimated value/cost, and the time period during which the donation may be secured.

SECTION E: PROGRAM INCOME/REVOLVING LOAN FUND

Complete if applicant operates a revolving loan fund generated from CA or Housing Cost Reduction Initiative (HCRI) funds.

SECTION F: NARRATIVE

Information provided in these sections will help us understand what you plan to do with the funds, the population(s) to be served, and why this service area needs assistance.

1. Service area

Indicate how the statewide geographic area will be served by this proposal.

2. Population/Housing Overview

Provide information regarding the population number and characteristics of the service area and provide information regarding the number of households and describe the characteristics of the housing market in your service area.

3. Rationale

Selection of targeted population: How was the decision made that this was a population in need of assistance in your service area?

Describe how the target population is affected by the area housing market.

4. Overall Program Objectives

What are you trying to accomplish with this program? For example, the objective may be to lower the foreclosure or eviction rate, prevent utility shut-off, or assist renters to secure affordable units.

How do you know if the program is really meeting the objectives and having an impact on your service area? (How will you measure success?) Will you perform surveys of program beneficiaries, obtain reports from the utilities regarding the number of shut-off notices?

5. Program Design:

The information requested in a) through c) should be discussed for each type of assistance sequentially; i.e., discuss all the information for homeowners, then all the information for renters, etc.

a. Program Assistance:

Amount of assistance: Fill in the amount of assistance the proposed program will provide a household for the program activity.

Basis for assistance amount: Discuss how the amount of CA is determined for

an applicant. Discussion should include the following: for renter assistance programs: market rents in the service area, required entry payments, utility costs; for homeowners: monthly housing costs, including utility costs.

Terms and conditions of assistance: Describe the terms of the assistance provided: a grant or loan, interest rate, payment structure—deferred, monthly, forgivable. How often can recipients receive assistance—1 time per contract, 1 time per year, only once?

Payment of assistance: Describe the process for ensuring payments are made to the lender for foreclosure prevention, to landlord for rent and security deposit assistance, to the utility for arrearages or to prevent disconnects. Will assistance be a single party or two-party check?

Program income: Applicants with CA program income in excess of \$50,000 must utilize the amount over \$50,000 in conjunction with this proposal. Describe what CA activity the funds will support, and how many additional units will be completed as a result of the use of program income.

b. Housing Affordability

HUD's definition of affordability is for a household to pay no more than 30% of annual income on housing. If the applicant's program defines "affordable" differently, provide the applicant's definition. How was it determined that your definition is "affordable" in your service area for your program beneficiaries?

c. Program Beneficiaries

How do you market the program to reach the target population to ensure that underserved populations are aware of the program? Describe how applicants participate in the process of your housing program.

How do program beneficiaries participate in the design of your program? Do any past program beneficiaries serve on your Board or on any advisory committees? How does your agency ensure that the program is responsive to the needs of clients/beneficiaries?

d. Housing Quality

Describe how beneficiaries access to safe, sanitary housing will be ensured, what codes will be used and who will be responsible for inspections.

e. Long-Term Impact

Describe how rental households that benefit from the program will become self sufficient so they no longer require assistance after program funds are expended.

Describe the follow-up measures that are available to assist beneficiaries after program funds are expended.

SECTION G: IMPLEMENTATION SCHEDULE

Provide a breakdown by quarter of activities to be accomplished. Contracts will begin July 1, 2015, so the first quarter will end September 30, 2015. The schedule should indicate activities that will be completed by the end of the quarter; including number of rental and/or owner households to be assisted.

SECTION H: APPLICANT PROFILE

1. Describe agency and/or staff experience with successful implementation of the type of housing activity proposed in this application. Include past CA programs. Have you implemented similar programs using other funding sources? Limit your description to the past 5 years.
2. Staff positions. Which staff positions will administer the housing program? List the duties for that position. What percent of that position time is dedicated to managing CA?

EXAMPLE

POSITION	DUTIES	% OF TIME
Exec. Director	Application Intake, income verification	30%
Prog. Manager	Application Intake, income verification	50%
Inspector	Risk Assessment	Consultant

3. List other agencies with which you have understandings or agreements to provide referrals of service. Do NOT include agencies providing resources to support this application. That information should be provided in Section D: Other Resources.

ORGANIZATION	RELATIONSHIP	DOCUMENTATION Page #
County DHS	Provide information & referral	
Commission on Aging	Assist elderly in completing application for assistance	

SECTION I: HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS)

1. HMIS Requirement:

Critical Assistance grant recipients must enter client and service information into Wisconsin's designated HMIS, currently Wisconsin ServicePoint (WISP), and maintain minimum data quality standards.

2. Wisconsin ServicePoint Management and Coordination: Indicate with a YES or NO whether or not your agency participates in or does each of the activities listed in the chart.

SECTION J: APPENDICES

Please attach documents to the end of the application packet.

NOTICE OF RIGHT TO WITHDRAW

The Bureau of Supportive Housing of the Division of Housing of the Wisconsin Department of Administration reserves the right to amend, modify, or withdraw this application package and any of the grant program instructions or procedures contained herein. The Bureau may exercise such right at any time without notice and without liability to any applicant or other parties for their expenses incurred in the preparation of a proposal or otherwise.